

CLAIMS ONLY							Application Number <span style="font-size: 1.5em; font-family: cursive;">101038556</span>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I		I									
2		D		D								
3		D		D								
4		D		D								
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12	I		I									
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26	I		I									
27		D		D								
28		D		D								
29												

Application Number 10 038556

Filing Date

Applicant(s)

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4		2			
Total Depend	32		30			
Total Claims	36		32			